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| Fill in this information to identify your case: | | |
|-------------------------------------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| | - | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Samuel First name L Middle name Janowski Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8041 | | |

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Case number (if known)

Debtor 1 Samuel L Janowski

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 12166 Heinecke Dr Mokena, IL 60448 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Will County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Samuel L Janowski

Case number (if known)

| ar | Tell the Court About | Your B | ankruptcy Ca | se | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------|----------------------------|---------------------------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Req</i> page 1 and check the ap | | 12(b) for Individuals Fili | ing for Bankruptcy |
| | choosing to file under | ■ Chapter 7 | | | | | | |
| | | ☐ Cl | hapter 11 | | | | | |
| | | ☐ CI | hapter 12 | | | | | |
| | | ☐ CI | hapter 13 | | | | | |
| | | | | | | | | |
| 3. | How you will pay the fee | _ | about how your order. If your | will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more det about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or moorder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check to pre-printed address. | | | | |
| | | | | | allments. If you choose s (Official Form 103A). | this option, sign and at | tach the Application for | r Individuals to Pay |
| | | | but is not req | uired to, waive y | ived (You may request to your fee, and may do so ad you are unable to pay | only if your income is le | ess than 150% of the o | fficial poverty line that |
| | | | | | Chapter 7 Filing Fee Wai | | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | | |
| | last 8 years? | ☐ Ye | | | | | | |
| | | | District | | When | | | |
| | | | District | | When _ When | | Case number | |
| | | | District | | vvnen _ | | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No |) | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Ye | es. | | | | | |
| | | | Debtor | | | F | Relationship to you | |
| | | | District | | When | | Case number, if known | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | When _ | (| Case number, if known | |
| 11. | Do you rent your residence? | ■ No | Go to I | ne 12. | | | | |
| | | ☐ Ye | es. Has yo | ur landlord obta | ained an eviction judgme | nt against you and do y | ou want to stay in your | residence? |
| | | | | No. Go to line | 12. | | | |
| | | | | Yes. Fill out <i>Ini</i> bankruptcy pet | itial Statement About an l ition. | Eviction Judgment Aga | inst You (Form 101A) a | and file it with this |
| | | | | | | | | |

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Document Page 4 of 44 Case number (if known) Samuel L Janowski Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D).

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

Part 4:

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. | |
|------|--|
| | |
| | |

☐ Yes.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

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Debtor 1 Samuel L Janowski

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 44 Case number (if known) Debtor 1 Samuel L Janowski Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Samuel L Janowski Signature of Debtor 2 Samuel L Janowski Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on April 4, 2017

MM / DD / YYYY

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Debtor 1 Samuel L Janowski Page 7 of 44 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ John M | Babbingon | Date | April 4, 2017 | |
|-----------------|------------------------|---------------|------------------------|--|
| Signature of | Attorney for Debtor | | MM / DD / YYYY | |
| | | | | |
| John M Ba | abbingon | | | |
| Printed name | | | | |
| John M Ba | abbington | | | |
| Firm name | | | | |
| 19906 S W | olf Rd | | | |
| P O Box 9 | 9 | | | |
| Mokena, II | _ 60448-0099 | | | |
| Number, Street, | City, State & ZIP Code | | | |
| Contact phone | 708-479-6020 | Email address | Broker44@sbcglobal.net | |
| 0087017 | | | | |
| Bar number & S | tate | | | |

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| | | 17/1/1111 | 1 (1)(1, () ()) 44 | |
|---------------------|--------------------------|-------------------|--------------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Samuel L Janows | ski | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filling amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Par | 1: Summarize Your Assets | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| | | Your as | ssets If what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 7,710.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 7,710.00 |
| Par | 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 13,115.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 16,854.00 |
| | Your total liabilities | \$ | 29,969.00 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,000.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 908.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | nedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Vous debte are primarily consumer debte. Consumer debte are those "incurred by an individual primarily for | o noroonal | family or |

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--------------------------------------------------------------------------------------------------------------|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

\$_____1,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Tota | ıl claim |
|------------------------------------------------------------------------------------------------------------------------------|------|----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| Fill in | n this inf | ormation to identi | fy your case a | nd this filing: | eni Pane 10 01 44 | | |
|--------------|----------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------|
| Debte | or 1 | Samuel L J | lanowski | | | | |
| Debte | or 2 | First Name | | Middle Name | Last Name | | |
| | se, if filing) | First Name | | Middle Name | Last Name | | |
| Unite | ed States | Bankruptcy Court for | or the: NORT | THERN DISTRICT | OF ILLINOIS | | |
| Case | number | | | | | | ☐ Check if this is an |
| | | | | | | | amended filing |
| Offi | icial F | orm 106A/ | В | | | | |
| Sc | hedı | ıle A/B: P | - Property | y | | | 12/15 |
| think i | t fits best | . Be as complete and nore space is needed | d accurate as po | ossible. If two marri | once. If an asset fits in more than o led people are filing together, both a rm. On the top of any additional pag | are equally responsible for | supplying correct |
| Part 1 | : Descri | be Each Residence, | Building, Land, | or Other Real Estat | te You Own or Have an Interest In | | |
| 1. Do | you own | or have any legal or e | equitable intere | st in any residence, | building, land, or similar property? | | |
| | No. Go to | Part 2 | | | | | |
| _ | | re is the property? | | | | | |
| D. (6 | . | | | | | | |
| Part 2 | Descri | be Your Vehicles | | | | | |
| 3. Ca | ırs, vans, | drives. If you lease | | | dule G: Executory Contracts and L | Jnexpired Leases. | |
| | | | | | | Do not doduct accured | claims or examptions. But |
| 3.1 | Make: | Ford | | _ | erest in the property? Check one | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: |
| | Model: Year: | Expedition 2009 | | ■ Debtor 1 only □ Debtor 2 only | | | laims Secured by Property. |
| | | mate mileage: | 121,000 | Debtor 1 and | | Current value of the entire property? | Current value of the portion you own? |
| | Other in | formation: | | ☐ At least one of | of the debtors and another | | |
| | | | | Check if this | is community property | \$6,500.00 | \$6,500.00 |
| Exa | no Yes dd the dages you Descri | ollar value of the p have attached for be Your Personal an | rs, personal wa ortion you ow Part 2. Write d Household It | atercraft, fishing ve on for all of your e that number here | entries from Part 2, including are | accessories | \$6,500.00 Current value of the |
| , | | , . 5 | | , , , , , , , , , , , , , , , , , , , , | Ü | | portion you own? Do not deduct secured |
| 0 11 | | | | | | | claims or exemptions. |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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|-----------------------|----------------------------------------------------------------------------------------|-----------------|----------------------------|-------------------------------------------|-----------------------------------------------------------------------------------|
| Debtor 1 | Samuel L Janowski | | Boodinent | Case number (i | f known) |
| ■ Yes | . Describe | | | | |
| | Tv 25" compu | ter | | | \$560.00 |
| | · | | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| ■ No | | | | oment; computers, printers, scanners; | music collections; electronic devices |
| | | | | | |
| - | ibles of value ples: Antiques and figurines; other collections, memo | | | oks, pictures, or other art objects; star | np, coin, or baseball card collections; |
| ☐ Yes | . Describe | | | | |
| Examp ■ No | nent for sports and hobbie ples: Sports, photographic, exmusical instruments Describe | | other hobby equipment; | bicycles, pool tables, golf clubs, skis; | canoes and kayaks; carpentry tools; |
| | | | | | |
| ■ No | ms pples: Pistols, rifles, shotguns Describe | s, ammunitio | n, and related equipmen | t | |
| 11. Cloth | | | | | |
| Exam ■ No | pples: Everyday clothes, furs Describe | , leather coat | s, designer wear, shoes | , accessories | |
| ■ No | | tume jewelry, | engagement rings, wed | ding rings, heirloom jewelry, watches, | gems, gold, silver |
| 13. Non-f a | arm animals | | | | |
| <i>Exam</i> ■ No | pples: Dogs, cats, birds, hors | ses | | | |
| | . Describe | | | | |
| 14. Any o ■ No | ther personal and househo | old items yo | u did not already list, i | ncluding any health aids you did no | ot list |
| ☐ Yes | . Give specific information | | | | |
| | the dollar value of all of yo art 3. Write that number h | | | ny entries for pages you have attac | shed \$560.00 |
| Part 4: Do | escribe Your Financial Assets | | | | |
| | wn or have any legal or eq | | est in any of the follow | ring? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | oples: Money you have in you | ur wallet, in y | our home, in a safe dep | osit box, and on hand when you file yo | our petition |

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known)

Debtor 1 Samuel L Janowski

\$50.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Harris Bank Frankfort Branch \$100.00 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture □ No ■ Yes. Give specific information about them..... Name of entity: % of ownership: 100% owner of Stock of Endeavor Construction \$0.00 % 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☐ Yes. Give specific information about them...

| Debt | or 1 | Case 17-106 Samuel L Janow | | Doc 1 | Filed 04/04/17 Document | Entered 04/04/17 11:11:10 Page 13 of 44 Case number (if known) | Desc Main |
|--------------|------------------------|--------------------------------------------------------------|----------------------|-----------------|--------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------|
| 27 I | icons | es, franchises, and | other c | neneral intar | ngihles | | |
| | Examp No | | exclus | sive licenses, | | n holdings, liquor licenses, professional license | es |
| Mon | ev or i | oroperty owed to yo | 2 | | | | Current value of the |
| 111011 | oy o. ₁ | noperty owed to yo | | | | | portion you own? Do not deduct secured claims or exemptions. |
| | No | unds owed to you Give specific informat | tion ab | out them, inc | luding whether you alre | ady filed the returns and the tax years | |
| | Examp No | support les: Past due or lump Give specific informat | | | usal support, child supp | ort, maintenance, divorce settlement, property | settlement |
| | Examp No | mounts someone o les: Unpaid wages, d benefits; unpaid | lisabilit loans y | y insurance p | | efits, sick pay, vacation pay, workers' comper | nsation, Social Security |
| | Examp No | | , or life compa | | ealth savings account (| HSA); credit, homeowner's, or renter's insurar Beneficiary: | nce Surrender or refund |
| | | | · | · | | | value: |
| ! \$ ■ | f you a someo No | | a living | | someone who has die t proceeds from a life in | ed surance policy, or are currently entitled to rece | eive property because |
| | Examp No | | oyment | | ou have filed a lawsu surance claims, or rights | it or made a demand for payment s to sue | |
| - | No | ontingent and unliques | | ed claims of | every nature, includin | g counterclaims of the debtor and rights to | set off claims |
| - | No | ancial assets you di | | already list | | | |
| | | | | | | ny entries for pages you have attached | \$150.00 |
| Part ! | Des | cribe Any Business-R | elated | Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| _ | - | wn or have any legal of to Part 6. | or equit | able interest i | n any business-related p | roperty? | |
| _ | | o to line 38. | | | | | |

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Case number (if known) Document Debtor 1 Samuel L Janowski Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership □ No Yes. Give specific information....... \$500.00 **Hand Tools** 54. Add the dollar value of all of your entries from Part 7. Write that number here \$500.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$6,500.00 Part 3: Total personal and household items, line 15 \$560.00 Part 4: Total financial assets, line 36 \$150.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$500.00

\$7,710.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$7,710.00

\$7,710.00

Case 17-10612 Doc 1 Filed 04/04/17 Entered 04/04/17 11:11:10 Desc Main

| | | 17(1,111) | | | |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|--|------------------------------------|
| Fill in this infor | First Name Middle Name Last Name bbtor 2 ouse if, filing) First Name Middle Name Last Name whited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS ase number | | | | |
| Debtor 1 | Samuel L Janows | ski | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | |
|-----------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | |
| \$6,500.00 | | \$0.00 | 735 ILCS 5/12-1001(c) | | |
| | ☐ 100% of fair market value, up to any applicable statutory limit | | | | |
| \$560.00 | | \$560.00 | 735 ILCS 5/12-1001(b) | | |
| | | 100% of fair market value, up to any applicable statutory limit | | | |
| \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) | | |
| | | 100% of fair market value, up to any applicable statutory limit | | | |
| \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) | | |
| | | 100% of fair market value, up to any applicable statutory limit | | | |
| \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(d) | | |
| | | 100% of fair market value, up to | | | |
| | \$50.00 \$100.00 | \$500.00 | Copy the value from Schedule A/B \$6,500.00 \$0.00 100% of fair market value, up to any applicable statutory limit \$560.00 \$50.00 100% of fair market value, up to any applicable statutory limit \$50.00 \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$500.00 | | |

Case 17-10612 Filed 04/04/17 Entered 04/04/17 11:11:10 Document Page 16 of 44 Debtor 1 Samuel L Janowski Case number (if known) 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Doc 1

Yes

Desc Main

| Fill in this information to | dentify your ca | Document | Page 17 | ot 44 | | |
|--------------------------------------------|--------------------------------|--------------------------------------------------------------------------|---------------------|----------------------------------------|--------------------------|---------------------|
| | | | | | | |
| Debtor 1 Samu First Nam | el L Janowski ^{ne} | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) First Nam | ie | Middle Name | Last Name | | | |
| United States Bankruptcy C | ourt for the: | NORTHERN DISTRICT OF | ILLINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | _ | ded filing |
| O.(; : E | | | | | | |
| Official Form 106D | | | | | | |
| Schedule D: Cre | editors W | ho Have Claims | s Secured | by Property | / | 12/15 |
| e as complete and accurate | as possible. If two | married people are filing tog | ether, both are equ | ally responsible for sur | oplying correct informa | tion. If more space |
| | | umber the entries, and attach | | | | |
| . Do any creditors have claim | s secured by you | r property? | | | | |
| ☐ No. Check this box a | and submit this fo | rm to the court with your oth | ner schedules. You | u have nothing else to | report on this form. | |
| Yes. Fill in all of the | information belov | ٧. | | | | |
| Part 1: List All Secured | Claims | | | | | |
| | | than and accurad plaim, list tha | araditar apparataly | Column A | Column B | Column C |
| for each claim. If more than on | e creditor has a par | than one secured claim, list the rticular claim, list the other credi | itors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claim | s in alphabetical or | der according to the creditor's n | ame. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| Wells Fargo Deale | r | | | | | • |
| Services | | cribe the property that secure | | \$13,115.00 | \$6,500.00 | \$6,615.00 |
| Creditor's Name | 200 | 09 Ford Expedition 121 | ,000 miles | | | |
| | | | | | | |
| P O Box 25341 | | of the date you file, the claim | is: Check all that | | | |
| Santa Ana, CA 927 | 7 99 □ | y. Contingent | | | | |
| Number, Street, City, State & | | Unliquidated | | | | |
| , , , , , , , , , , , , , , , , , , , | _ | Disputed | | | | |
| Who owes the debt? Check | | ure of lien. Check all that appl | ly. | | | |
| Debtor 1 only | | An agreement you made (such | as mortgage or secu | ired | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debtor 2 only | | Statutory lien (such as tax lien, | machanic's lian) | | | |
| ☐ At least one of the debtors a | | Judgment lien from a lawsuit | mechanic s lienj | | | |
| Check if this claim relates community debt | | Other (including a right to offset |) | | | |
| Date debt was incurred | | Last 4 digits of account nu | umber <u>4947</u> | | | |
| Date debt was incurred | | Last 4 digits of account nu | | \$13,11 | | |

If this is the last page of your form, add the dollar value totals from all pages. \$13,115.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | Case 17-10012 L | Document | Page 18 | 2 of 11 | 11.10 Des | oc mani |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------|--------------------------------|-----------------------|---------------------------|
| Fill in this | s information to identify your o | | Paue 1 | 3 () 44 | | |
| Debtor 1 | Samuel L Janows | L: | | | | |
| Debioi i | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, fi | ling) First Name | Middle Name | Last Name | | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LLINOIS | | | |
| Case num | nber | | | | | |
| (if known) | | | | | | heck if this is an |
| | | | | | a | mended filing |
| Official | Form 106E/F | | | | | |
| | ule E/F: Creditors W | ho Have Unsecured | Claims | | | 12/15 |
| | plete and accurate as possible. Use | | | Part 2 for creditors with | NONPRIORITY clai | |
| schedule Deft. Attach ame and c | E: Executory Contracts and Unexpi D: Creditors Who Have Claims Secuthe Continuation Page to this pag- case number (if known). | ared by Property. If more space is e. If you have no information to re | needed, copy t | the Part you need, fill it o | out, number the en | tries in the boxes on the |
| Part 1: | List All of Your PRIORITY Un | | | | | |
| | y creditors have priority unsecured | d claims against you? | | | | |
| | . Go to Part 2. | | | | | |
| ☐ Ye | | | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | | | | |
| 3. Do an | y creditors have nonpriority unsec | ured claims against you? | | | | |
| ☐ No | . You have nothing to report in this pa | art. Submit this form to the court with | h your other sche | dules. | | |
| ■ Yes | S. | | | | | |
| unsecu | I of your nonpriority unsecured claured claim, list the creditor separately ne creditor holds a particular claim, list | for each claim. For each claim liste | ed, identify what t | ype of claim it is. Do not lis | st claims already inc | luded in Part 1. If more |
| r art 2. | | | | | | Total claim |
| 4.1 A | thletico | Last 4 digits of ac | count number | 5411 | | \$560.00 |
| | onpriority Creditor's Name | | | | | |
| | 09 Enterprise Dr | When was the deb | ot incurred? | | | - |
| | Pak Brook, IL 60523 umber Street City State Zlp Code | As of the date you | ı file, the claim i | s: Check all that apply | | |
| | ho incurred the debt? Check one. | , | , | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and and | _ ` | RITY unsecured | d claim: | | |
| | Check if this claim is for a comn | | | | | |
| de | ebt | ☐ Obligations aris | | ration agreement or divor | ce that you did not | |
| | the claim subject to offset? | report as priority cla | | | | |
| | No | ☐ Debts to pensio | n or profit-sharin | g plans, and other similar | debts | |
| |] Yes | Other. Specify | | | | |

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Document Page 19 of 44 Debtor 1 Samuel L Janowski Case number (if know) 4.2 \$2,950.00 **Capital One** Last 4 digits of account number 0823 Nonpriority Creditor's Name P O Box 30285 When was the debt incurred? Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 Chicago Neurobeavior n001 Last 4 digits of account number \$180.00 Nonpriority Creditor's Name 15010 S Ravinia When was the debt incurred? Orland Park, IL 60462 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 **Harris Bank** Last 4 digits of account number \$450.00 6395 Nonpriority Creditor's Name P O Box 84048 When was the debt incurred? Columbus, GA 31908 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

■ No ☐ Yes report as priority claims

Other. Specify

 \square Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Debtor 1 Samuel L Janowski Case number (if know) 4.5 \$1,416.00 **Loyola Medical Center** Last 4 digits of account number 1404 Nonpriority Creditor's Name P O Box 3021 When was the debt incurred? Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 Lurie Childrens Hosp. Last 4 digits of account number 9722 \$190.00 Nonpriority Creditor's Name P O Box 4066 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.7 **Riverside Medical** Last 4 digits of account number 5337 \$40.00 Nonpriority Creditor's Name 7333 Solution Center When was the debt incurred? Chicago, IL 60677 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify

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| Debtor | 1 Samuel L | _ Janowski | | Case | number (if know) | | | | | | |
|---------------------|-------------------------------------------------------|------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------|-----------------|--|--|--|--|
| 4.8 | | ions RealEstate | Last 4 digits of account number | | | | \$11,068.00 | | | | |
| | Nonpriority Cre 19205 Purit Mokena, IL | an Dr | When was the debt incurred? | | | | | | | | |
| - | Number Street | City State ZIp Code the debt? Check one. | As of the date you file, the claim | is: Check | all that apply | | | | | | |
| | Debtor 1 on | ly | ☐ Contingent | | | | | | | | |
| | Debtor 2 on | ly | ☐ Unliquidated | | | | | | | | |
| | Debtor 1 an | d Debtor 2 only | ☐ Disputed | | | | | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | | |
| | _ | is claim is for a community | ☐ Student loans | | | | | | | | |
| | debt | ubject to offset? | Obligations arising out of a sep report as priority claims | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | | |
| | ■ No | | Debts to pension or profit-shari | Debts to pension or profit-sharing plans, and other similar debts | | | | | | | |
| | Yes | | Other. Specify | | | | | | | | |
| Part 3: | List Other | s to Be Notified About a Dek | t That You Already Listed | | | | | | | | |
| Name an Antho 19205 | nd Address nt Guisto Puritan Dr na, IL 60448 | | On which entry in Part 1 or Part 2 did you | Part 1: | Creditors with Prior | ity Unsecured Claims priority Unsecured Claims | | | | | |
| | | | ast 4 digits of account number | | | | | | | | |
| Part 4: | Add the A | mounts for Each Type of Un | secured Claim | | | | | | | | |
| | the amounts of of unsecured cla | | ns. This information is for statistical | reporting | purposes only. 28 | 3 U.S.C. §159. Add the a | mounts for each | | | | |
| | | | | | Total | Claim | | | | | |
| | ба. Гotal | Domestic support obligations | | 6a. | \$ | 0.00 | | | | | |
| from P | aims art 1 6b. | Taxes and certain other debts | you owe the government | 6b. | \$ | 0.00 | | | | | |
| | 6c. | | njury while you were intoxicated | 6c. | \$ | 0.00 | | | | | |
| | 6d. | | ecured claims. Write that amount here. | 6d. | \$ | 0.00 | | | | | |
| | | | | | | | | | | | |
| | 6e. | Total Priority. Add lines 6a thro | ugh 6d. | 6e. | \$ | 0.00 | | | | | |
| | | | | | Total | Claim | | | | | |
| 7 | 6f. Fotal | Student loans | | 6f. | \$ | 0.00 | | | | | |
| cla from Pa | aims art 2 6g. | Obligations arising out of a se | eparation agreement or divorce that | | | 0.00 | | | | | |

6g.

6h.

6i.

6j.

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

Other. Add all other nonpriority unsecured claims. Write that amount

Total Nonpriority. Add lines 6f through 6i.

6h.

6i.

0.00

0.00

16,854.00

16,854.00

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| | | 12101111 | \cdots | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Samuel L Janows | ski | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Numbe | n whom you have the r, Street, City, State and ZIP (| contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------------|---------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.5 | * | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |

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| | | Docume | ent Page 23 o | ot 44 | |
|---------------|---------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|------------------------------------------------|
| Fill in thi | is information to identify you | ır case: | | | |
| Debtor 1 | Samuel L Janov | weki | | | |
| DODIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, f | iling) First Name | Middle Name | Last Name | | |
| United St | tates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | | | | | |
| Case nur | mber | | | | Charle if this is an |
| (II KIIOWII) | | | | | Check if this is an amended filing |
| | | | | | amended ming |
| Officia | al Form 106H | | | | |
| | dule H: Your Co | dobtors | | | 12/15 |
| Scrie | uule II. Toul Co | uentoi 2 | | | 12/15 |
| our nam | e and case number (if know by you have any codebtors? (| n). Answer every question | | | p of any Additional Pages, write |
| _ | | | | | |
| ■ No | | | | | |
| Arizo | | a, Nevada, New Mexico, Pu ouse, or legal equivalent live | erto Rico, Texas, Wash with you at the time? spouse as a codebto | nington, and Wisconsin.) | |
| | n 106D), Schedule E/F (Offici Column 2. | al Form 106E/F), or Sched | ule G (Official Form 1 | 06G). Use Schedule D, | Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and | ZIP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 2.4 | | | | Cabadula D lia | |
| 3.1 | Name | | | Schedule D, lin | |
| | | | | ☐ Schedule E/F, I☐ Schedule G, Iin | |
| | | | | | <u> </u> |
| | Number Street City | State | ZIP Code | | |
| | City | State | ZIF Code | | |
| 2 2 | | | | □ Cohodulo D. lia | |
| 3.2 | Name | | | Schedule D, lin | |
| | | | | ☐ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | ue |
| | Number Street | Chala | 710.0-1- | | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify | vour ca | se. | | | | 1 | | | | |
|-------------|---------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|----------------------------------|------------|------|-------------|-------------------|---------------------------------|-------------------------|----------|
| | | | nowski | | | | | | | | |
| | otor 2 ouse, if filing) | | | | | | | | | | |
| Uni | ted States Bankruptcy Court | t for the: | NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| | se number nown) | | | | | | □ A | | ed filing ent showin | ng postpetition | |
| 0 | fficial Form 106l | | | | | | ī | IM / DD/ Y | YYYY | | |
| S | chedule I: Your | Inco | ome | | | | | | | | 12/15 |
| spo atta | plying correct information use. If you are separated a ch a separate sheet to this tt1: Describe Employment information. | nd your form. C | spouse is not filing wi | th you, do not inclu | ude infor | mati | on about | your speumber (if | ouse. If me known). <i>A</i> | ore space is | needed, |
| | If you have more than one | ioh | | ■ Employed | | | | ☐ Empl | | 3 4 | |
| | attach a separate page with information about additional | th | Employment status | ☐ Not employed | | | | • | employed | | |
| | employers. | | Occupation | Contractor | | | | | | | |
| | Include part-time, seasona self-employed work. | al, or | Employer's name | Endeavor Cons | structio | n | | | | | |
| | Occupation may include st or homemaker, if it applies | | Employer's address | 12166 Heinecke Mokena, IL 604 | | | | | | | |
| | | | How long employed to | here? 1yr | | | | _ | | | |
| Par | t 2: Give Details Abo | out Mon | thly Income | | | | | | | | |
| | mate monthly income as o use unless you are separate | | te you file this form. If | you have nothing to | report for | any | line, write | \$0 in the | space. Inc | clude your no | n-filing |
| | u or your non-filing spouse he space, attach a separate s | | | ombine the information | on for all | empl | oyers for | that perso | on on the li | ines below. If | you need |
| | | | | | | | For Del | otor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wage deductions). If not paid mo | | | | 2. | \$ | 1 | ,000.00 | \$ | N/A | |
| 3. | Estimate and list monthly | y overti | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. | Add line | e 2 + line 3. | | 4. | \$ | 1,00 | 00.00 | \$ | N/A | |

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| Deb | tor 1 | Samuel L Janowski | - | Case | number (<i>if kn</i> | own) | | | | |
|-----|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-----------------------|------|-------------|----------------|------------|----------|
| | | | | For | Debtor 1 | | | Debtor 2 | | |
| | Сор | y line 4 here | 4. | \$ | 1,000 | .00 | \$ | | N/A | - |
| 5. | l ist | all payroll deductions: | | | | | | | | |
| ٥. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0 | .00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5a. 5b. | \$ - | | .00 | \$ — | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | | .00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$_ | | .00 | \$_ | | N/A | _ |
| | 5e. | Insurance | 5e. | \$ | | .00 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | | .00 | \$ | | N/A | _ |
| | 5g. | Union dues | 5g. | \$ | | .00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h.+ | - \$ | | .00 | + \$ | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0 | .00 | \$ | | N/A | _ |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,000 | .00 | \$ | | N/A | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | \$ | | .00 | \$ | | N/A | _ |
| | 8b. | Interest and dividends | 8b. | \$ | 0 | .00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0 | .00 | \$ | | N/A | _ |
| | 8d. | Unemployment compensation | 8d. | \$ | 0 | .00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e. | \$ | 0 | .00 | \$ | | N/A | _ |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. 8g. | \$ \$ | | .00 | \$ | | N/A N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h.+ | · — | | .00 | · — | | N/A | _ |
| | · · · · | | | | | | _ | | 14/7 | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0 | .00 | \$ | | N/A | <u> </u> |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | • | 1,000.00 | + \$ | | N/A | = \$ | 1,000.00 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | , | | | | | |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a cify: | depen | | • | | , | chedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | 12. | \$ | 1,000.00 |
| | | | | | | | | | Combi | |
| 13. | Do y | vou expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | monthl | y income |

Schedule I: Your Income

page 2

Official Form 106I

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| Fill | in this information to identify your case: | | | | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|------------------------------------------|-----------------------------------------------|
| Deb | otor 1 Samuel L Janowski | | Check | c if this is: | |
| D-1 | 40 | | | An amended filing | Zananata (CC) a abantan |
| | ouse, if filing) | | _ | A supplement snow 13 expenses as of t | ving postpetition chapter the following date: |
| (| ,g) | | _ | • | |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING | OIS | ľ | MM / DD / YYYY | |
| Cas | se number | | | | |
| (If k | nown) | | | | |
| 0 | fficial Form 106J | | | | |
| S | chedule J: Your Expenses | | | | 12/15 |
| Be info | as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this further (if known). Answer every question. | | | | |
| | t 1: Describe Your Household | | | | |
| 1. | Is this a joint case? | | | | |
| | No. Go to line 2. | | | | |
| | Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | for Compute House | hald of Dabt | 0 | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses | ror Separate House | enola of Debto | or Z. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | ■ No |
| | dependents names. | Son | | 11 | □Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| 3. | Do your expenses include ■ No | | | | ☐ Yes |
| ა. | expenses of people other than | | | | |
| | yourself and your dependents? | | | | |
| Par | t 2: Estimate Your Ongoing Monthly Expenses | | | | |
| Est exp | timate your expenses as of your bankruptcy filing date unless your ease as of a date after the bankruptcy is filed. If this is a suppolicable date. | | | | |
| | lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Y | | | | |
| (Of | ficial Form 106I.) | | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. \$ | | 0.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4а. э 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 0.00 |
| | 4d. Homeowner's association or condominium dues | | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for your residence, such as hor | me equity loans | 5. \$ | | 0.00 |

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| Deptor ' | Samuel L Janowski | Case num | ber (if known) | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|---------------------------|
| 6. Uti | ilities: | | | |
| 6. 6 1. | | 6a. | \$ | 0.00 |
| 6b. | | 6b. | · | 0.00 |
| 6c. | | 6c. | | 100.00 |
| 6d. | | 6d. | · | 0.00 |
| | od and housekeeping supplies | 7. | \$ | 200.00 |
| | ildcare and children's education costs | 8. | \$ | 0.00 |
| _ | othing, laundry, and dry cleaning | 9. | · | 0.00 |
| | rsonal care products and services | 10. | | |
| | edical and dental expenses | 11. | | 0.00 |
| | • | 11. | Φ | 0.00 |
| | ansportation. Include gas, maintenance, bus or train fare. not include car payments. | 12. | \$ | 0.00 |
| | tertainment, clubs, recreation, newspapers, magazines, and books | 13. | | 0.00 |
| | aritable contributions and religious donations | 14. | · - | 0.00 |
| | surance. | 14. | Ψ | 0.00 |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | a. Life insurance | 15a. | \$ | 0.00 |
| | b. Health insurance | 15b. | | 0.00 |
| _ | c. Vehicle insurance | 15c. | · | 0.00 |
| _ | d. Other insurance. Specify: | 15d. | · | 0.00 |
| | xes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | Ψ | 0.00 |
| | ecify: | 16. | \$ | 0.00 |
| | stallment or lease payments: | | Ψ | 0.00 |
| | a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | b. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | c. Other. Specify: | 17c. | • | 0.00 |
| | d. Other. Specify: | 17d. | · | 0.00 |
| | ur payments of alimony, maintenance, and support that you did not repor | | Ψ | 0.00 |
| | ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 10 | | \$ | 608.00 |
| | her payments you make to support others who do not live with you. | .0.,. | \$ | 0.00 |
| | ecify: | 19. | · | 0.00 |
| | her real property expenses not included in lines 4 or 5 of this form or on 5 | | our Income. | |
| | a. Mortgages on other property | 20a. | | 0.00 |
| | b. Real estate taxes | 20b. | | 0.00 |
| | c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | d. Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | e. Homeowner's association or condominium dues | 20e. | · | 0.00 |
| _ | | | +\$ | |
| i. Oti | her: Specify: | | +φ | 0.00 |
| 2. Ca | Iculate your monthly expenses | | | |
| 22 | a. Add lines 4 through 21. | | \$ | 908.00 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | J-2 | \$ | |
| | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 908.00 |
| | ad 2 224 dila 225. The result to your monthly experies. | | | 300.00 |
| 3. Ca | Iculate your monthly net income. | | | |
| 23 | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,000.00 |
| 231 | b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 908.00 |
| | | | | |
| 230 | c. Subtract your monthly expenses from your monthly income. | | | 00.00 |
| | The result is your monthly net income. | 23c. | \$ | 92.00 |
| | | | | |
| | you expect an increase or decrease in your expenses within the year after | | | on as decrees b |
| | example, do you expect to finish paying for your car loan within the year or do you expect dification to the terms of your mortgage? | your mortgage | payment to increa | ise or decrease because o |
| _ | , 55 | | | |
| | No. | | | |
| | Yes Explain here: | | | |

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| Fill in this infor | mation to identify your | case: | | | | |
|---------------------|----------------------------|--------------------------|---------------------------------------|-----------------------|------------------|-----------------------------------------|
| Debtor 1 | Samuel L Janows | ski | | | | |
| | First Name | Middle Name | La | st Name | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | La | st Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINO | ols | | |
| Case number | | | | | | |
| (if known) | | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Official Form | m 100Daa | | | | | |
| Official Form | | | | | | |
| Declarat | tion About a | ın Individua | I Debt | or's Sched | dules | 12/15 |
| | | | | | | |
| If two married po | eople are filing togethe | r, both are equally resp | onsible for s | supplying correct in | formation. | |
| You must file thi | is form whenever you fi | le hankruntev schedule | e or amond | ad echadulas Makir | na a falso stato | ment, concealing property, or |
| | | | | | | 0, or imprisonment for up to 20 |
| | 8 U.S.C. §§ 152, 1341, 1 | | .,, | | | , , , , , , , , , , , , , , , , , , , , |
| | | | | | | |
| | | | | | | |
| Sig | n Below | | | | | |
| Did you na | ay or agree to pay some | one who is NOT an atto | orney to helr | you fill out bankru | ntcy forms? | |
| Dia you po | ly or agree to pay come | | , , , , , , , , , , , , , , , , , , , | you iiii out buiiii u | proy ronnier | |
| ■ No | | | | | | |
| ☐ Yes. | Name of person | | | | Attach Bank | ruptcy Petition Preparer's Notice, |
| _ | · | | | | Declaration, | and Signature (Official Form 119) |
| | | | | | | |
| Under nena | alty of perjury, I declare | that I have read the sur | mmary and s | schedules filed with | this declaratio | n and |
| | e true and correct. | mar i mavo roda mo odi | a. y ana c | onoudioo mod wiii | ino docidiano | unu |
| X /s/ Sar | nuel L Janowski | | х | | | |
| Samue | el L Janowski | | | Signature of Debtor | r 2 | |
| Signatu | re of Debtor 1 | | | | | |
| Date | April 4, 2017 | | | Date | | |
| Date | April 4, 2017 | | | | | |

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| Fill | in this inforn | nation to identify you | r case: | | | |
|-------------------|-----------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|
| _ | btor 1 | Samuel L Janov | | | | |
| | | First Name | Middle Name | Last Name | | |
| 1 | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| C-0 | aa numbar | | | | | |
| | se number nown) | | | | - | Check if this is an mended filing |
| St | | of Financial | | duals Filing for B | | 4/10 |
| info | rmation. If m | | attach a separate sheet to | | equally responsible for sup additional pages, write you | |
| Pa | rt 1: Give D | etails About Your Ma | arital Status and Where You | ı Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | □ Married■ Not mar | ried | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you I | ived in the last 3 years. Do n | ot include where you live now | <i>ı</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. stat | | | | | ity property state or territory ico, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | I amount of income yo | u received from all jobs and | ng a business during this yeall businesses, including parter together, list it only once ur | | ndar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$300.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | Operating a business | | ☐ Operating a business | |

Official Form 107

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Case number (if known) Debtor 1 Samuel L Janowski

| | | | | Debtor 1 | | Debtor 2 | | |
|----|--------------------------------|---------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|---------------------------|-------------------------------------------------------|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | r last caler anuary 1 to | dar year: December | 31, 2016) | ☐ Wages, commissions, bonuses, tips | \$5,549.00 | ☐ Wages, combonuses, tips | missions, | |
| | | | | Operating a business | | ☐ Operating a I | ousiness | |
| | | dar year bet December | | ☐ Wages, commissions, bonuses, tips | \$5,825.00 | ☐ Wages, combonuses, tips | missions, | |
| | | | | Operating a business | | ☐ Operating a l | ousiness | |
| | and other winnings. List each | public benef If you are fili | it payments; ng a joint cas he gross inco | er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat | est; dividends; money collect ou received together, list it o | ted from lawsuits; nly once under De | royalties; and btor 1. | |
| | | | | Dahtan 4 | | Dahtan 0 | | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pa | yments You | Made Before You Filed for I | Bankruptcy | | | |
| 6. | Are either ☐ No. | Neither De individual p | ebtor 1 nor D orimarily for a 90 days befo Go to line 7 | | mer debts. Consumer debts d purpose." d you pay any creditor a total | l of \$6,425* or mor | re? | |
| | | | paid that cre not include | each creditor to whom you paideditor. Do not include paymen payments to an attorney for the on 4/01/19 and every 3 years | ts for domestic support oblig his bankruptcy case. | ations, such as ch | ild support a | nd alimony. Also, do |
| | ■ Yes. | | | r both have primarily consure you filed for bankruptcy, die | | of \$600 or more? | | |
| | | ■ No. | Go to line 7 | | | | | |
| | | □ Yes | include pay | each creditor to whom you paid ments for domestic support of this bankruptcy case. | | | | |
| | Creditor | s Name and | l Address | Dates of payme | nt Total amount | Amount you | Was this p | payment for |

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| ebtor 1 | Samuel L Janowski | Boodmone | Ca | se number (if known) | | |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|------------------------------------|-----------------------------------------------|
| | | | | | | |
| <i>Inside</i> of whi | n 1 year before you filed for bankrupers include your relatives; any general pich you are an officer, director, person iness you operate as a sole proprietor. ny. | partners; relatives of any ge in control, or owner of 20% | eneral partners; partr or more of their votir | nerships of which yo ng securities; and ar | ou are a general ny managing ag | I partner; corporation gent, including one |
| _ | No | | | | | |
| | Yes. List all payments to an insider. Her's Name and Address | Dates of payment | Total amount | Amount you | Reason for t | this payment |
| inside | n 1 year before you filed for bankruper? de payments on debts guaranteed or co | | paid yments or transfer | still owe | ccount of a de | bt that benefited a |
| _ | No Yes. List all payments to an insider | | | | | |
| Insid | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | this payment tor's name |
| art 4: | Identify Legal Actions, Repossession | one and Foroclosures | | | | |
| Case | Yes. Fill in the details. e title e number d Solutions V Endeavor | Nature of the case | Court or agency Will County | 1 | Status of the | e case |
| Soli Con | d Solutions V Endeavor struction | suit on Contract | Will County Joilet, IL | | ☐ Pending ☐ On appea | al |
| 13 2 | Ar 346 | | | | Conclude | ed |
| | | | | | Judgement | t against Debtor |
| | n 1 year before you filed for bankrup k all that apply and fill in the details bel | | perty repossessed, | foreclosed, garnis | hed, attached | , seized, or levied |
| _ | No. Go to line 11. Yes. Fill in the information below. | | | | | |
| Cred | litor Name and Address | Describe the Property | , | Date | | Value of th |
| | | Explain what happene | ed | | | proper |
| accoi | n 90 days before you filed for bankro unts or refuse to make a payment be No | | cluding a bank or f | inancial institution | ı, set off any ar | mounts from your |
| | Yes. Fill in the details. | B | | - | | |
| Cred | litor Name and Address | Describe the action th | ne creditor took | Date taken | action was | Amour |
| | n 1 year before you filed for bankrup -appointed receiver, a custodian, or | | perty in the posses | sion of an assigne | e for the benef | fit of creditors, a |

■ No

☐ Yes

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| Par | t 5: List Certain Gifts and Contributions | 5 | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | ıptcy, | did you give any gifts with a total value of more t | han \$600 per person | ? |
| | Gifts with a total value of more than \$600 per person | 0 | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | | did you give any gifts or contributions with a tota | Il value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? No Yes. Fill in the details. | otcy o | r since you filed for bankruptcy, did you lose anyt | hing because of the | ft, fire, other disaster, |
| | how the loss occurred | Includ | ribe any insurance coverage for the loss le the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | | | | |
| 16. | consulted about seeking bankruptcy or p | repar | did you or anyone else acting on your behalf pay or ing a bankruptcy petition? ers, or credit counseling agencies for services required | | rty to anyone you |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | John Babbington 19906 S wolf Rd Mokena, IL 60448 broker44@sbcglobal.net | | 1500 Cash | 3/23/2017 | \$1,500.00 |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that you | itors | | or transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

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Debtor 1 Samuel L Janowski

| 18. | Within 2 years before you filed for bankrupter transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No | usiness or financial affa ade as security (such as t | airs? the granting of a | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------|--------------|------------------------------------------------------------|-------------------------------|--|--|
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address | Description and v | | payme | be any property or ents received or debts n exchange | Date transfer was made | | |
| | Person's relationship to you | | | | 3 | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro | | y property to a | self-settle | d trust or similar device | of which you are a | | |
| | No Yes. Fill in the details. | | | | | | | |
| | Name of trust | | | | | | | |
| | Name of trust | Description and V | alue of the pro | perty trails | ierreu | Date Transfer was made | | |
| Pai | rt 8: List of Certain Financial Accounts, Ins | struments, Safe Deposit | t Boxes, and St | orage Unit | S | | | |
| 20 | Within 1 year before you filed for bankrupto | v were any financial ac | counts or instr | umants ha | d in your name, or for w | our benefit closed | | |
| 20. | sold, moved, or transferred? | y, were any miancial ac | counts of mist | uments ne | id iii yodi iiaiile, oi ioi y | our benefit, closed, | | |
| | Include checking, savings, money market, o houses, pension funds, cooperatives, associated No | | | | ; shares in banks, credi | t unions, brokerage | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution and | Last 4 digits of | Type of accor | unt or | Date account was | Last balance | | |
| | Address (Number, Street, City, State and ZIP Code) | account number | instrument | | closed, sold, moved, or transferred | before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | year before you filed for | bankruptcy, aı | ny safe dep | osit box or other depos | itory for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit of | or place other than your | home within 1 | year befor | e you filed for bankrupto | cy? | | |
| | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S | | Describe | the contents | Do you still have it? | | |
| | | State and ZIP Code) | | | | | | |
| Pai | rt 9: Identify Property You Hold or Control | for Someone Else | | | | | | |
| 23. | Do you hold or control any property that so for someone. | meone else owns? Incl | ude any proper | ty you borr | owed from, are storing f | for, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value | | |
| D~ | ** 10. Civo Dotoilo About Environmental Info | , | | | | | | |
| ral | rt 10: Give Details About Environmental Info | | | | | | | |
| _^- | | nne anniv | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Case number (if known) Document

Debtor 1 Samuel L Janowski

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| | hazardous material, pollutant, contaminant, or similar term. | | | | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------|------------------------------------------------------------------------|--------------------|--|--|--|
| Rep | ort all notices, releases, and proceedings th | at you know about, regardless of when | they occurred. | | | | | |
| 24. | Has any governmental unit notified you tha | t you may be liable or potentially liable | under or in viol | ation of an environme | ental law? | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | ntal law, if you | Date of notice | | | |
| 25. | Have you notified any governmental unit of | any release of hazardous material? | | | | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | ntal law, if you | Date of notice | | | |
| 26. | Have you been a party in any judicial or ad | ministrative proceeding under any envir | onmental law? | Include settlements a | and orders. | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | N. c. ca | | 6 1.4.5.1 | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the c | case | Status of the case | | | |
| Par | 11: Give Details About Your Business or | Connections to Any Business | | | | | | |
| 27. | Vithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | ■ No. None of the above applies. Go to | Part 12. | | | | | | |
| | Yes. Check all that apply above and fil | I in the details below for each business. | | | | | | |
| | Business Name Address | Describe the nature of the business | | Identification number | | | | |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security number or ITIN. Dates business existed | | | | |
| | Endeavor Construction | Construction | EIN: | xx-xxx9593 | | | | |
| | 12166 Heinecke Dr | | From-To | 04/01/2017 | | | | |
| | Mokena, IL 60448 | none | | U4/U I/ZU I / | | | | |
| | | | | | | | | |

Page 35 of 44 Case number (if known) Document Debtor 1 Samuel L Janowski 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. **Date Issued** Name Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Samuel L Janowski Signature of Debtor 2 Samuel L Janowski Signature of Debtor 1 Date April 4, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

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Case 17-10612

Doc 1

Filed 04/04/17

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform | mation to identify your | case: | | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|--------------------------------------------------------------------|-------------------------------------------------------------|
| Debtor 1 | Samuel L Janow | | | |
| Debior 1 | First Name | Middle Name | Last Name | _ |
| Debtor 2 | E: AN | | | _ |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | _ |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | rm 108 | | | |
| | | n for India | iduals Eiling Under Cha | ontor 7 |
| Statemen | it of intentio | m for man | /iduals Filing Under Cha | apter / 12/15 |
| If you are an indi | ividual filing under cha | nter 7 vou must fil | Il out this form if: | |
| | e claims secured by yo | | ii out this form ii. | |
| | sed personal property | | not expired | |
| | | | you file your bankruptcy petition or by the d | late set for the meeting of creditors, |
| whiche | ever is earlier, unless th | | e time for cause. You must also send copies | |
| on the | torm | | | |
| | eople are filing togethend date the form. | r in a joint case, bo | oth are equally responsible for supplying cor | rect information. Both debtors must |
| _ | | | | |
| | and accurate as possit our name and case nu | | s needed, attach a separate sheet to this for | n. On the top of any additional pages, |
| write y | our name and case nu | iliber (li kilowii). | | |
| Part 1: List Yo | our Creditors Who Hav | e Secured Claims | | |
| 1. For any credit | ors that you listed in P | art 1 of Schedule D |): Creditors Who Have Claims Secured by Pr | operty (Official Form 106D), fill in the |
| information be | elow. | | · | |
| Identity the cr | editor and the property t | that is collateral | What do you intend to do with the proper secures a debt? | ty that Did you claim the property as exempt on Schedule C? |
| | | | | |
| One ditente | V-II- F DI 0 | | _ | _ |
| | Vells Fargo Dealer S | ervices | Surrender the property. | ■ No |
| name: | | | Retain the property and redeem it. | ☐ Yes |
| Description of | 2009 Ford Expedit | tion 121,000 | ☐ Retain the property and enter into a Reaffirmation Agreement. | — 103 |
| property | miles | · | ☐ Retain the property and [explain]: | |
| securing debt: | | | | |
| David List V | | | | |
| | our Unexpired Persona ed personal property le | | in Schedule G: Executory Contracts and Un | expired Leases (Official Form 106G), fill |
| in the informatio | n below. Do not list rea | al actata laacae Ur | nexpired leases are leases that are still in effo | anti the lease were all has not not and all |
| You may assume | e an unexpired person | | | |
| - | | | the trustee does not assume it. 11 U.S.C. § 3 | |
| | nexpired personal pro | al property lease if | | |
| | nexpired personal pro | al property lease if | | 365(p)(2). |
| Describe your u | | al property lease if | | 365(p)(2). |
| Describe your u | | al property lease if | | Will the lease be assumed? ☐ No |
| Describe your under the Lessor's name: Description of lea | | al property lease if | | Will the lease be assumed? |
| Describe your under the Lessor's name: Description of lea | | al property lease if | | Will the lease be assumed? ☐ No |
| Describe your usual Lessor's name: Description of lead Property: Lessor's name: Description of lead | ased | al property lease if | | Will the lease be assumed? No Yes No |
| Describe your usually be bescription of least Property: Lessor's name: | ased | al property lease if | | Will the lease be assumed? No Yes |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Del | otor 1 | Samuel L Janowski | Case number (if known) | |
|-----|--------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------|
| _ | | | | |
| | scriptio perty: | n of leased | | ☐ Yes |
| | | | | |
| | ssor's n | ame: n of leased | | □ No |
| | perty: | ii di leased | | ☐ Yes |
| | ssor's n | | | □ No |
| | scriptio perty: | n of leased | | ☐ Yes |
| | | | | — 165 |
| | sor's n | | | □ No |
| | perty: | n of leased | | ☐ Yes |
| | ssor's n | | | □ No |
| | scriptio perty: | n of leased | | |
| | porty. | | | ☐ Yes |
| Par | t 3: | Sign Below | | |
| | | alty of perjury, I declare that I have hat is subject to an unexpired lease | dicated my intention about any property of my estate that sec | cures a debt and any personal |
| X | | amuel L Janowski | X | |
| | | uel L Janowski | Signature of Debtor 2 | |
| | Signa | ature of Debtor 1 | | |
| | Date | April 4, 2017 | Date | |
| | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation |
|------------|--------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| | + \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-10612 Doc 1 Filed 04/04/17 Entered 04/04/17 11:11:10 Desc Main Document Page 42 of 44

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Samuel L Janowski | | Case N | 0. | |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------|----------------------|
| | | Debtor(s) | Chapte | r 7 | |
| | DISCLOSURE OF COMPI | ENSATION OF ATTOI | RNEY FOR | DEBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filbe rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy, | or agreed to be p | aid to me, for serv | |
| | For legal services, I have agreed to accept | | \$ | 1,500.00 | <u> </u> |
| | Prior to the filing of this statement I have received | d | \$ | 1,500.00 | <u> </u> |
| | Balance Due | | | 0.00 | <u> </u> |
| 2. | The source of the compensation paid to me was: | | | | |
| | \blacksquare Debtor \square Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed con | npensation with any other person | unless they are m | embers and associ | ates of my law firm. |
| | ☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | | f my law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspect | ts of the bankrupto | cy case, including: | |
| | a. Analysis of the debtor's financial situation, and render. Preparation and filing of any petition, schedules, stoc. Representation of the debtor at the meeting of credit. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h | atement of affairs and plan which itors and confirmation hearing, and reduce to market value; ex- ions as needed; preparation | n may be required; and any adjourned be mption planni | hearings thereof; | and filing of |
| б. | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any dany other adversary proceeding. | | | nces, relief fror | n stay actions or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of a ankruptcy proceeding. | any agreement or arrangement for | payment to me for | or representation o | f the debtor(s) in |
| A | pril 4, 2017 | /s/ John M Babbi | ngon | | |
| \overline{D} | ate | John M Babbinge | | | |
| | | Signature of Attorne John M Babbingt | | | |
| | | 19906 S Wolf Rd | | | |
| | | P O Box 99 Mokena, IL 60448 | 2-0099 | | |
| | | 708-479-6020 Fa | | 9 | |
| | | Broker44@sbcgl | | | |
| | | Name of law firm | | | _ |

United States Bankruptcy Court Northern District of Illinois

| In re | Samuel L Janowski | | Case No. | |
|-------|--------------------------------------------|-------------------------------------------------------------|-------------------------------|--------------|
| | | Debtor(s) | Chapter 7 | |
| | VE | RIFICATION OF CREDITOR M | ATRIX | |
| | | Number of | Creditors: | 10 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor | ors is true and correct to th | e best of my |
| Date: | April 4, 2017 | /s/ Samuel L Janowski Samuel L Janowski Signature of Debtor | | |

Anthont Guisto 19205 Puritan Dr Mokena, IL 60448

Athletico 709 Enterprise Dr Oak Brook, IL 60523

Capital One P O Box 30285 Salt Lake City, UT 84130

Chicago Neurobeavior 15010 S Ravinia Orland Park, IL 60462

Harris Bank P O Box 84048 Columbus, GA 31908

Loyola Medical Center P O Box 3021 Milwaukee, WI 53201

Lurie Childrens Hosp. P O Box 4066 Carol Stream, IL 60197

Riverside Medical 7333 Solution Center Chicago, IL 60677

Solid Solutions RealEstate 19205 Puritan Dr Mokena, IL 60448

Wells Fargo Dealer Services P O Box 25341 Santa Ana, CA 92799